| Effective October 1, 2001 RCE 09/769/4/                      |   |   |              |                                   |              |                  |         |                    |                        |        |                     |                        |
|--|---|---|--------------|-----------------------------------|--------------|------------------|---------|--------------------|------------------------|--------|---------------------|------------------------|
|  | CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |              |                                   |              |                  |         |                    | ENTITY                 | OR     |                     | R THAN<br>ENTITY       |
| TOTAL CLAIMS   |   |   |              |                                   |              |                  | ſ       | RATE               | FEE                    | 7      | RATE                | FEE                    |
| FOR  |   |   | NUMBER FILED |                                   | NUMBER EXTRA |                  |         | BASIC FE           | E 370.00               | OR     | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                      |   |   | mi           | nus 20=                           | *            |                  |         | X\$ 9=             |                        | OR     | X\$18=              |                        |
| INDEPENDENT CLAIMS   |   |   | m            | inus 3 =                          | *            |                  |         | X42=               |                        | OR     | X84=                |                        |
| MU   | JLTIPLE DEPE  | NDENT CLAIM P                             | RESENT       |                                   |              |                  |         | +140=              |                        | OR     | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" |   |   |              |                                   |              | column 2         | L       | TOTAL              |                        |        | V                   | , 13                   |
| CLAIMS AS AMENDED - PART II                                  |   |   |              |                                   |              |                  | TOTAL   | L                  | OR                     | OTHER  | THAN                |                        |
| 7  | )   | (Column 1)                                |              | (Colum                            | nn 2)        | (Column 3)       |         | SMALL              | ENTITY                 | OR     | SMALL               |                        |
| AMENDMENTA   | ę .   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUME<br>PREVIO<br>PAID I  | BER          | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN  | Total   | + 106                                     | Minus        | **/ ()                            | 6            | =                |         | X\$ 9=             |                        | OR     | X\$18=              |                        |
| AME  | Independent   | 1. 13                                     | Minus        | *** 3                             |              | =                | 1       | X42=               |                        | OR     | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |   |              |                                   | <b></b>      |                  | +140=.  |                    | OR                     | +280=  |                     |                        |
|  | Z - (1 )  |   | •            |                                   |              |                  | L<br>1A | TOTAL<br>ODIT. FEE |                        | OR ,   | TOTAL<br>ADDIT, FEE |                        |
|  |   | (Column 1)                                |              | (Colum                            |              | (Column 3)       |         |                    |                        |        |                     |                        |
| AMENDMENT B.   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | . 104                                     | Minus        | ** /6                             | 16           | =                |         | X\$ 9=             |                        | OR     | X\$18=              | ^                      |
|  | Independent   | . 3                                       | Minus        |                                   | 3            | = 1              |         | X42=               |                        | OR     | X84=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                   |              |                  |         | +140=              |                        | OR     | +280=               | 7                      |
|  |   |   |              |                                   |              | L                | TOTAL   |                    | OR                     | TOTAL  | $\forall$           |                        |
|  |   | 32  | •            |                                   | 01           | (0.1 4)          | AL      | DDIT. FEE          | L                      | OR A   | VDDIŢ. FEE          |                        |
|  |   | (Column 1)<br>CLAIMS                      |              | (Colum                            | ST           | (Column 3)       | _       |                    | ADDI-                  | r      |                     | ADDI                   |
| AMENDMENT C  |   | REMAINING<br>AFTER<br>AMENDMENT           |              | NUME<br>PREVIO<br>PAID F          | USLY         | PRESENT<br>EXTRA |         | RATE               | TIONAL<br>FEE          |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus        | **                                |              | =                |         | X\$ 9=             | ,                      | OR     | X\$18=              |                        |
|  | Independent   | *   | Minus        | ***                               |              | =                |         | X42=               |                        | OR     | X84=                |                        |
|  | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEI  | PENDENT                           | CLAIM        |                  | -       | .140-              |                        | ·      | 1200-               |                        |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |              |                                   |              |                  |         | +140=<br>TOTAL     |                        | OR     | +280=<br>TOTAL      |                        |
| **   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                                   |              |                  |         |                    |                        |        |                     |                        |
|  |   |   |              |                                   | ,            |                  |         |                    |                        | , 5010 | ; <del> • •</del> , | ·                      |

**Application or Docket Number** 

Application or Docket Number

J. ..

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I<br>(Column 1)  |  |   |                  |                      | (Colur                          | nn 2)            |          | SMALL ENTITY TYPE  |                        |          | OTHER<br>SMALL I    |                        |
|---|--|---|------------------|----------------------|---------------------------------|------------------|----------|--------------------|------------------------|----------|---------------------|------------------------|
| то  | TAL CLAIMS                                       |   | 106              |                      | 1                               |                  | Г        | RATE               | FEE                    |          | RATE                | FEE                    |
| FO  | R  |   | NUMBER FILED     |                      | NUMBE                           | ER EXTRA         | B        | ASIC FEE           | 355.00                 | OR       | BASIC FEE           | 710.00                 |
| TO.   | TAL CHARGEA                                      | BLE CLAIMS                                | 106 min          | us 20=               | . 8                             | 6                |          | X\$ 9=             |                        | OR       | X\$18=              | 154800                 |
| INDEPENDENT CLAIMS 3 =  |  |   |                  |                      | *                               |                  |          | X40=               |                        | OR       | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                  |                      |                                 |                  |          | +135=              |                        | OR       | +270=               |                        |
| * If the difference in column 1 is less than zero, enter  |  |   |                  |                      | r "0" in c                      | olumn 2          | Ŀ        | TOTAL              |                        | OR       | TOTAL               | 2258.0                 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Co   |  |   |                  |                      |                                 | (Column 3)       |          | SMALL E            | NTITY                  | OR       | OTHER<br>SMALL      | THAN                   |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| MON.  | Total  | . 106                                     | Minus            | ** /                 | 06                              | = Ø              |          | X\$ 9=             |                        | OR       | X\$18=              | 0                      |
| <b>AMENDMENT</b>  | Independent                                      | . 3                                       | Minus            | *** ,                | 3                               | = 0              |          | X40=               |                        | OR       | X80=                | Ø                      |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM / |   |                  |                      |                                 |                  | <b>!</b> | +135=              | -                      | OR       | +270=               | 0                      |
|   |  | andrie 🎤 (Ma <u>pil</u> er II) er e       |                  |                      | r                               |                  | L        | TOTAL<br>DDIT. FEE |                        | OR       | TOTAL<br>ADDIT. FEE | 0                      |
|   |  | (Column 1)                                |                  | (Colu                | ımn 2)                          | (Column 3)       |          | DUN. FEE           |                        |          | ADD (I. I EE        |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUN<br>PREVI         | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus            | **                   |                                 | =                |          | X\$ 9=             |                        | OR       | X\$18=              |                        |
| AME   | Independent                                      | *   | Minus            | ***                  | T 01 4114                       | =                | 1 [      | X40=               |                        | OR       | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                  |                      |                                 |                  | ┛╏       | +135=              |                        | OR       | +270=               |                        |
|   |  |   |                  |                      |                                 |                  | L        | TOTAL<br>DDIT. FEE |                        |          | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |                  |                      | ımn 2)                          | (Column 3)       |          | 0011.1 22.         |                        |          |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUN<br>PREVI         | HEST<br>MBER<br>MOUSLY<br>DFOR  | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| NOW   | Total  | *   | Minus            | **                   |                                 | =                |          | X\$ 9=             |                        | OR       | X\$18=              | ·                      |
| AME   | Independent                                      | •   | Minus            | ***                  |                                 | <u> </u>         | 1        | X40=               |                        | OR       | X80=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                  |                      |                                 |                  | ┙┞       | +135=              |                        | OR       | +270=               |                        |
|   | If the entry in colu                             | mn 1 is less than t                       | he entry in colu | ımn 2, writ          | te "0" in co                    | lumn 3.          | L        | TOTAL              |                        | OR       | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                  |                      |                                 |                  |          |                    |                        | <u> </u> |                     |                        |